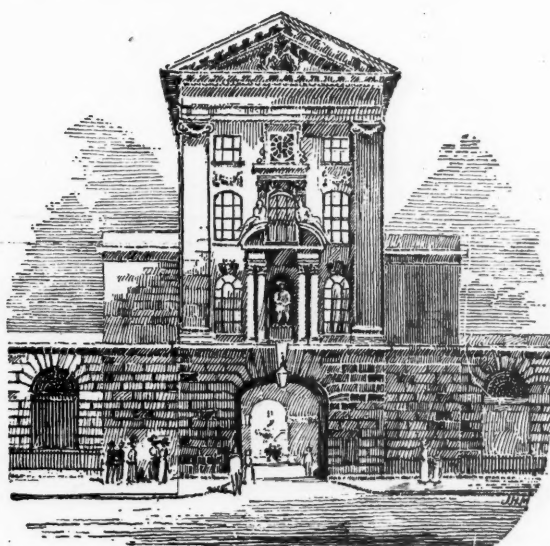


AUG 15 1924

ST BARTHOLOMEW'S HOSPITAL JOURNAL



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AUGUST, 1924.

[PRICE NINEPENCE.]

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"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXI.—No. 11.]

AUGUST 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

- Tues., July 29.—Sir P. Horton-Smith Hartley and Mr. McAdam
Eccles on duty.
Fri., Aug. 1.—Sir Thomas Horder and Mr. Rawling on duty.
Tues., " 5.—Dr. Langdon Brown and Sir C. Gordon-Watson on
duty.
Fri., " 8.—Prof. Fraser and Prof. Gask on duty.
Tues., " 12.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., " 15.—Sir P. Horton-Smith Hartley and Mr. McAdam
Eccles on duty.
Tues., " 19.—Sir Thomas Horder and Mr. Rawling on duty.
Fri., " 22.—Dr. Langdon Brown and Sir C. Gordon-Watson on
duty.
**Last day for receiving matter for September
issue of Journal.**
Tues., " 26.—Prof. Fraser and Prof. Gask on duty.
Fri., " 29.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., Sept. 2.—Sir P. Horton-Smith Hartley and Mr. McAdam
Eccles on duty.

EDITORIAL.

AUGUST, if we may use Swift's metaphor without offence, is the month of the Little Fleas.

While the Chiefs are doing someone else's work, coming as near as they may to fulfilling the functions of good professional golfers, yachtsmen or mountain guides, fishermen or chauffeurs, their own jobs are gaily tackled by chief assistants.

The surgeon who makes his living by fighting the extinction that would claim his patients gains a new freedom, so we have been told, by risking something more than his professional reputation, and spends his holiday "hanging upon crags at a gradient that makes his next step a debate between the thing he is and the thing he may become"; while the chief assistant who reigns in his stead comes down at night to the Hospital to sit on an awkward hedge for ten brief minutes, and then jumps with some decision on the wrong side—or the right.

And the newly qualified man, after five years of irresponsibility, having, in a moment of weakness, consented to act as *locum* for his friend, finds himself faced with amazing problems which teachers and text-books have (even more amazingly) omitted to mention.

So the Little Fleas sweat on in the heat of the sun. But, apart from the joy of the craftsman in his work, there are compensations even in London in August. The Hospital is not crowded; the waitresses in the restaurant serve you with an alacrity which pertains to the living rather than the half-dead; the plunge-bath may, with luck, be open, and although London may not be so empty as the Gossip in the *Taller* leads you to believe ("The town, ma chérie, is a desolate wilderness; not even a tweeny-maid remains"), you may find a few feet of water unoccupied at the nearest swimming-bath; you may walk into the pit of a theatre and take your seat in comfort; you may sleep at Lords while energetic men in white flannels perspire vicariously for you in the blazing sun; you may, on the river, escape the too-fond couples and the too-blatant gramophones, and reach a quiet backwater with an Amaryllis more charming to your eye and a gramophone less offensive to your ear.

Yet these are but shadows of delight; the dreadful truth is that everyone suffers from nostalgia in August. The swimming-baths are dirty when you dream of the sea, the theatres stuffy when you are longing for the hills, and the turf at Lords faded and artificial when, in spirit, you are on Dartmoor.

We have been told, and in our present overwrought condition we do not find it difficult to believe, that strong men weep when they remember that at morning and evening a boat-train is steaming out of Victoria station—and they are not there.

Those whose holiday is to come require no sympathy, but those who obeyed the railway magnates and took their holidays in June will not be comforted. Nothing is left to them but the determination that next August shall find them out of London.

* * *

Elsewhere in this issue there are two appreciations of Dr. Drysdale. The Hospital is not so rich in striking personalities that we can afford to lose Dr. Drysdale without regret.

His passionate desire for accuracy, his healthy scepticism, his sense of humour and the balance of his mind have prevented him from sharing the fleeting enthusiasms which sweep over medical thought as regularly as new fashions appear in Bond Street; and this unerring discrimination between true and false (together with an individual interest in each student) has made him an ideal teacher of Clinical Medicine. The best wishes of all will follow him in his retirement.

On July 18th at the Langham Hotel a dinner in his honour was given by his past and present House-Physicians, and he was presented by them with a silver vase.

* * *

We congratulate Dr. Langdon Brown who has been elected to fill the vacancy made by the retirement of Dr. Drysdale, and Dr. George Graham who has been appointed an Assistant Physician.

* * *

We have received the Report of the Manchester test of the Yadil treatment of tuberculosis.

To add anything to the skilled and forcible indictment of Yadil which has appeared in another place would be superfluous, but two questions still require an answer:

Why has the exposure of Yadil been left to the *Daily Mail* when this was obviously the duty of a scientific journal?

Why, since the composition of Yadil has been known to analysts for some years, have consultants and general practitioners been allowed to prescribe it in ignorance of the fact that it contained nothing but "glycerine, formaldehyde, water and a smell?"

It is to be hoped that this useful "silly-season stunt" will lead to a revision of the law regulating the sale of patent medicines.

* * *

H. B. Stallard, in his article which will be found on another page, has nothing to say of his own running at the Games, but Mr. Philip Baker, the captain of the British team, writes:

"Yet perhaps in some ways Stallard put up the finest performance of them all. In five days he ran five races—three rounds of the 800 metres, two of the 1500. His first race would have won most British championships; his second equalled the British record; his third—although he was only fourth in the final—was well inside that record; in his fifth he beat the Olympic record, and came, after a marvellous last-lap sprint, within eight yards of Nurmi, the Finnish super-man. Few people knew that his last two races had been run on a foot that caused him acute agony every time he put it to the ground."

We congratulate Sir Frederick Andrewes, upon whom the honorary degree of D.C.L.(Durham) has been conferred; and Mr. McAdam Eccles and Sir Charles Gordon-Watson, who have been elected to the membership of the Council of the Royal College of Surgeons.

* * *

Congratulations to J. N. Kerr, who has been awarded the Gold Medal in the M.D.(Lond.) Examination; and to H. Shannon and C. M. Gwillim, who have passed the same examination.

DR. J. H. DRYSDALE, F.R.C.P.

Cælum non animum mutant qui trans mare currunt.

BY the time these words are published Dr. Drysdale will have ceased to be a member of the teaching staff of St. Bartholomew's. The extent of our loss is not to be computed, for his gifts have been to a generation, and with few exceptions we have known him, respected and loved him for a few years only.

Some men leave their stamp by the clear impress of a brilliant intellect; others by a mass of painstaking and accurate work; some few by a discovery or conception of singular brilliance. Intellect and patience are both qualities for which he is admired, but he, apart from the priceless gift of his clinical teaching, has left to us the influence of a character in its unselfishness and devotion to our Hospital altogether admirable.

The mobility of his countenance, the tense lift of the eyebrows, the decisive tick of the tongue, the amazed stagger, are all superficial characteristics dear to us because they are his.

These, however, merely have served to emphasize what lay beneath.

Perhaps the trait that has endeared him more than any other is complete fairness and honesty, both to others and to himself. The opinion of the most junior clerk upon any subject was invariably heard by him with the sincerest and most patient attention. If the opinion merited it, it received acquiescence; if not, a humorous prod at the structure would leave its remains lying in a ridiculous intellectual disarray. Never was there a trace of egotism, never the implication, "I am Physician to this Hospital; you are a silly and ignorant fellow; you must not interfere with my dignity. However, provided you do not, I will condescend to jest occasionally." If we substitute our own titles for that of physician there are few of us who, at times, have not been guilty of intellectual snobbery; but such was never the case with him.

Besides this assumption, for purposes of argument, of an absolute equality, he will long be remembered as the teacher who educated. "Did you go to Cambridge to learn things or to be educated?" was a favourite question, and his attitude as a teacher was always that of trying to get men to think for themselves.

The production of some high-sounding reason as a reply to his question was always the prelude to—"Now

ment about murmurs or rhythms was allowed to pass unchallenged or to cover up physiological ignorance. Cause and effect were clearly shown. Physiology was rationally applied. Heart-block was the lesion interfering with conduction. The reasons for heart-failure were definite and distinct.

"When a valvular lesion produces changes in the circulation, the chamber first to suffer is the chamber



DR. J. H. DRYSDALE.

tell me, Smith, what exactly do you mean by that," and the unfortunate Smith would find that his high-sounding reason was in reality no reason at all.

The absolute logic and truth of the statement, "The proper dose of any drug is enough to produce the desired effect," is as good an example as any. The grain and minim have no meaning, but the fall in the apical rate of a fibrillator or the abolition of the fever and joint lesions in a case of rheumatic fever provide a vivid and reasonable picture.

He perhaps applied his logic with the clearest force in teaching upon diseases of the heart. No loose state-

immediately behind the lesion." Statements like these were fundamental and can never be forgotten.

The essential value of any new method in diagnosis and treatment was rapidly and accurately estimated by him.

When the world was awlirl with a multitude of new methods for testing renal efficiency, he immediately perceived and introduced into his teaching and practice what was sound. Many of the tests have lost their original promise, but what the world now recognizes as good and permanent in them he recognized and taught from the first.

Similar examples occurred with reference to the electrocardiograph and to insulin.

The accuracy, truth and inspiration of his teaching have been leavened with the most delightful humour. The sudden flash of this has made his rounds a constant pleasure.

The writer remembers, as a clerk, being asked by him, with reference to a case of pernicious anæmia, "Tell me, —, if I were to tell you that this patient had 4000 white cells per cubic millimetre in her blood, what would you say?" To the reply, quite innocently meant, of "I should believe you, sir," the answer was a humorously grateful bow.

Even the words, "Tut-tut, so-and-so, you talk like a halfpenny newspaper," were accompanied by a twinkling eye.

Some years back a small boy with ascites was lying in Mark. On the round a clerk was addressed in the following terms: "I invite you to look at this boy and to tell me exactly what you think about him." The clerk replied that the child had a big belly. "Oh, tut, tut," came the reply, "I could have told you that he has a foolish mother," and, when the laughter had subsided, "I expect his name is Clarence"; and after a further pause, "Tell me, —, have you ever read *Little Lord Fauntleroy*?" The association between the foolishness of mothers and long curly locks in small boys has persisted in the mind ever since.

Above all will he be remembered as a friend. A better and truer friend this Hospital never had. If his advice has been asked by house-physician, clerk or chief assistant, he has replied, "I never give advice, but I will give you my opinion, if you like." Then has followed a clear and most painstaking review of arguments and reasons on either side.

We know his worth, and its measure is our loss; but he can be assured that he has become part of our hearts and minds, and will live in them as long as they endure.

G. B.

THE retirement of Dr. Drysdale, leaving for the students, as it must, a large gap in the teaching staff of the Hospital, necessitates an equally serious loss to them in his retirement from the Students' Union. Realizing, as he has done, that social and sporting activities occupy a large share of the medical student's time, Dr. Drysdale has devoted a considerable part of his life to doing what he has been able to help, guide and advise in all matters affecting their welfare.

As President of the Students' Union, and as President or Vice-President of many of its constituent bodies, his help has been inestimable. One may speak as having

been officially associated with him for some time, in carrying out the business of the Students' Union Council. Here the fundamental principle he insisted upon, and did his utmost to urge others to carry out, was that all questions concerning students, from the non-academic standpoint, should be decided by the students themselves, and that others who were present were there in an advisory capacity only. This was certainly right, but only those who were in close contact could tell how much this experienced and well-considered advice meant to them in the ultimate success they achieved.

Dr. Drysdale's enthusiastic interest in the doings of his students was very apparent when he presided over meetings of the Students' Union Council. Patient to a degree, he never let a point escape his notice, and it is largely due to his remarkable foresight that the Union stands in the strong position which it does to-day.

At these meetings Dr. Drysdale in the chair was invaluable, and when everybody had finished speaking on the particular motion before the meeting, the final observations he had to make, before voting was taken, would have equalled the best summing-up from any judge on the bench.

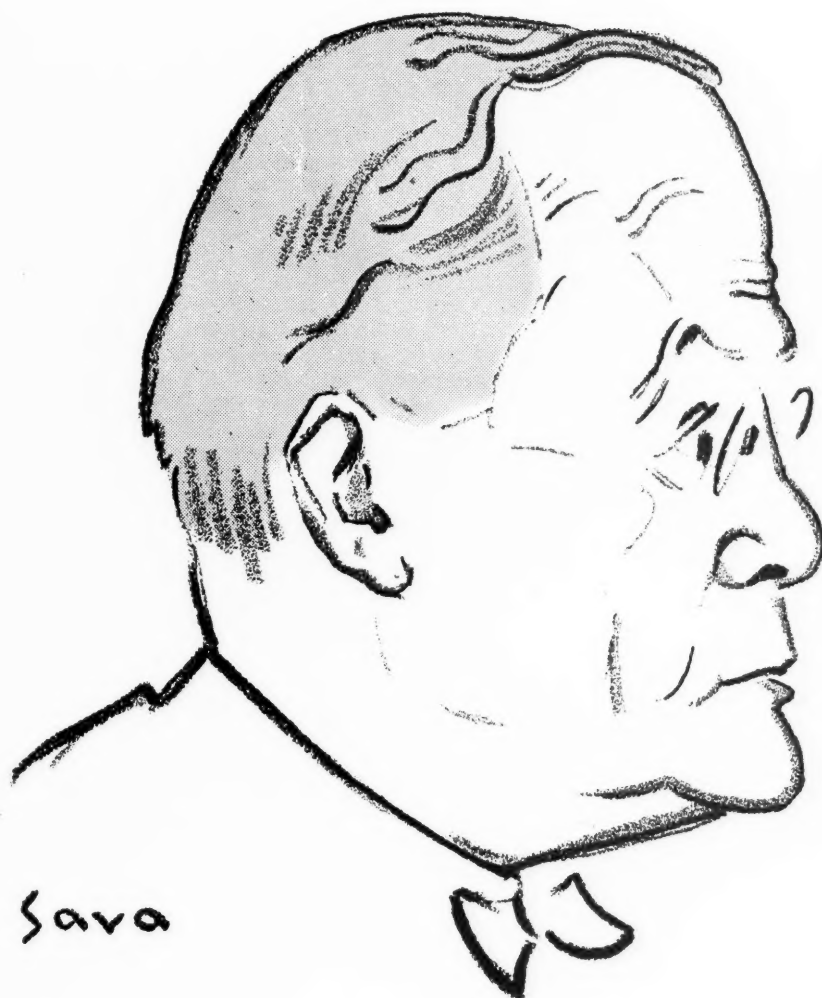
Often a particularly hot-headed student, with ideas which would upset any properly organized institution, would calm down at a few words from the President, accompanied by the characteristic "looking over the spectacles," and on thinking things over again would find that perhaps, after all, he was wrong!

In his dealings with individual clubs of the Union, Dr. Drysdale was probably associated with the Rugby Football Club more than with any other. As an old player he could and did give practical advice of the first importance. His interest in the Club was enormous, and his regular attendance at matches was an example which might be copied by many a student.

It is fitting that the termination of the Presidency of the Rugby Club should bring with it a result for which he has worked for many years, his personal influence and enthusiasm playing no small part in helping our team to win the Cup last season.

Dr. Drysdale leaves St. Bartholomew's with the heartfelt appreciation and good wishes of every member of the Students' Union. It is improbable that succeeding generations of students will be able to realize, as we do, all that he has done in the interests of the Hospital and of the Union. It will be small, but it will be some recognition of the services which he has for years rendered to the students of this Hospital, if we see that what we have learnt from his example is passed on to those whose duty it will be to maintain the best traditions of our *alma mater*.

W. HOLDSWORTH.



DR. J. H. DRYSDALE.

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THE LONDON DISPENSATORY.

THOSE readers of the JOURNAL who have spent time in reading Rudyard Kipling's charming short stories—and I fear they are fewer than they might be, for there seems to be a fashion set in which affects to find them uninteresting—those at any rate who have learned to recognize the hand of a master will no doubt remember one of the several tales in which men of our own profession figure—the story of the Doctor of Medicine, “the Guy Fawkes-looking man in a black cloak and a steeple-crowned hat.” Mr. Nicholas Culpeper, Gentleman, student in Physick and Astrology, as he styles himself in his books, was a curious character in the middle of the seventeenth century. He was an adherent of the Parliament in the Civil War, and fought in at least one battle during that great struggle, where he was, it is said, seriously wounded in the chest. He was the son of a clergyman, who received a good education and was apprenticed to an apothecary in St. Helen's, Bishopsgate. Allowing for the interruption of the war and his period of service, he must have been not merely diligent in his studies, but possessed of an amazing power of writing, for as early as 1649 he published a translation of the *London Dispensatory* into English—a volume which represents not only a wide and comprehensive knowledge of the pharmaceuticals of the time, but a capacity for criticism usually based on sound common sense and an ingenious and fertile use of his mother tongue. This, which was the most popular of his works, was republished several times before the end of the century, and more than once in the eighteenth and even in the nineteenth centuries. His industry was immense, for he is said to have left in manuscript more than seventy books of his own composition. In addition he carried on a busy practice in Spitalfields, and was well known to be ready to give his services gratuitously whenever his patients could ill afford to pay him. It is hardly surprising to read that he was always in straitened circumstances. He died of consumption, aged 38, in January of the year 1653-54.

I have recently come into possession of a copy of the *London Dispensatory*, and have found it of great interest for two quite different reasons: In the first place it is of interest because it shows the sort of learning which was expected of the physician of the time; the amazing accumulation of tradition from which medicine had not yet escaped, and the struggles of an acute and vigorous intellect to pierce through the clouds of what he recognized as nonsense.

The edition of the book which I have is that of 1683—many years after Nicholas slept with his fathers. But

it contains the prefaces and introduction which are dated “from my house of the East Spitalfields, near London. This 30. of December 1653.”

“Curteous Reader,” he pursues, “If thou ever intendest to study Physick, and turn neither Fool nor Knave in that famous Science, be well Skilled in this Astrologo-Physical Discourse following, here's enough for thee to whet thy Wits upon: Sympathy and Antipathy are the two Hinges upon which the whole Body of Physick turns: Thou hast the Radix of them here. Here is a foundation for thee to erect the whole Fabrick upon, if thou beest wise; if not, thou art unfit to make a Physitian. I love well and am as willing to help all ingenious men, though their parts be never so weak: but I hate pride in whomsoever I find it. I now bid thee farewell for this time.”

With this preliminary discourse Nicholas plunges straight into a profession of his faith as an astrologer and a physician. He describes the constitution of man as governed by the Heavenly bodies, their risings and their settings. It is from this philosophical disquisition and from the “Premonitory Epistle to the Reader” which soon follows it that, as it seems to me, Rudyard Kipling drew the raw material of his story. And it is this feature which has made for me the second point of interest to which I referred just now. It is always a miracle to see the fashion in which the mind of a master of literature works; to trace, as in this instance, the indications and tiny points of detail which in the original matter have for one but little significance, until they are welded by the magic of the master into the complete and living picture. And this is pre-eminently the case here. For Nicholas, though shrewd and vital in his written word, really is as dead as mutton to this generation. Yet from such material the genius of Kipling has resurrected him and set him in the pages of *Rewards and Fairies*—a vivid being, instinct with the prejudices, the passions and the pettiness of his time, and yet a sympathetic figure because of the humanity and sound sense which Kipling was quick to detect in his writing.

To return to his book. The College of Physicians had issued it in Latin and Nicholas had seen fit to translate it into his mother tongue—a proceeding which did not entirely meet with the approbation of his fellows in the profession of medicine. From various hints which he gives in the volume it is probable that the College of Physicians, to whom the original Latin book belonged, was indignant that the knowledge which was shrouded in the Latin tongue should have been made available in the vulgar language of the time. Nor was their indignation likely to be lessened by the extremely frank criticism which was bestowed upon their efforts.

Nicholas, on many pages, breaks out into derogatory remarks on the folly of the College and its want of knowledge. The quotation which follows illustrates both his criticism, and gives us one of the reasons which induced him to undertake the translation of the *London Dispensatory*. Under the heading of "Pulvis Antilyssus" he says:

"I see now the Colledge is not too old to learn how to dry herbs, for before they appointed them to be dried in the shadow: I would they would learn humility, and mind the common good, and consider what infinite number of poor Creatures perish daily (whom Christ hath purchased to Himself, and bought with the price of his blood) through their hiding the Rules of Physick from them, who else happily might be preserved, if they knew but what the herbs in their own gardens were good for: Why did they change the name of this Receipt from a Powder against the bitings of mad Dogs, to Pulvis Antilyssus? Was it not because people should not know what it is good for; but if they be bitten, they may be mad and hang themselves for all them? I believe that I have hit the nail at head the first blow." Again a little later he says: "'Tis a devilish purge, good for nothing but to destroy men: your Souls being led to your graves by their directions, like sheep to the slaughter, and know not whither you are going nor what hurts you; or if you do are they questionable by Law? Dear Souls, avoid this Medicine, else the College will have mens' bones enough to burn." Yet Nicholas was fair enough to give credit where he felt he could: "The truth is, the College have altered this Receipt much, and I am perswaded have made it much better. Neque enim bene facta maligne detractare meum est."

The traditional pharmacy of the time amazes us, yet it was to last with very little change for another hundred years: "The Skull of a man that was never buried, being beaten to powder, and given inwardly, the quantity of a dram at a time in Betony water, helps Palsies and Falling-sickness."

"Elks claws or hoofs are a sovereign Remedy for the falling-sickness, though it be but worn in a Ring, much more being taken inwardly: but saith Mizaldus, it must be the hoof of the right foot behind."

"Also if ten grains of red Coral be given to a Child in a little Brest-milk so soon as it is born, before it take any other food, it will never have the Falling-sickness, nor Convulsions. The common Dose is from ten grains to thirty."

"Scammony or Diagridium, call it by which name you please, is a desperate Purge, hurtful to the body by reason of its heat, windiness, coroding or gnawing, and violence of working. I would advise my Countrymen to

let it alone, it will gnaw their bodies as fast as Doctors gnaw their Purses."

One could go on quoting such fragments for a long time, but the above may serve as samples of the pharmacological knowledge of the age. There is, however, one more delightful aphorism which I cannot omit; it may recommend itself to some of our American cousins in their present desperate plight. "Eels," he says, "being put into wine or beer and suffered to die in it, he that drinks it will never endure that sort of Liquor again."

Nicholas was no humbug; but he could not wholly free himself from the traditions handed down to his time. When he writes, not of these traditional remedies, but of his own opinions and beliefs, he shows us clearly a strong and acute intellect struggling to free itself from superstition. "I have now (Courteous Reader) led thee through the College's reformed and refined Dispensatory: I assure thee, not led thereto by any Envious Principles against them, for I bear them more good-will, and love them better than they love themselves; only I hate Selfishness in whomsoever I find it. If thou findest me here and there a little lavish in such Expressions as many like not, I pray pardon that, it is my Dialect, I cannot write without it; I assure thee it was not premeditated. If thou thinkest I did it for gain, thou art so wide from the truth, that unless thou change thy Opinion, 'tis to be feared Truth and you will not meet again in a long time."

He was already, when he was thus writing, sick to death, and though he must have known that his days were numbered he was full of designs for future work, not for gain, as he insists more than once: "I desire not to spend the strength of an immortal spirit in seeking after what hath no worth in it, which may make me worse, cannot make me better. . . . I will assure you, it was a higher Principle than all these moved me to write, viz., Pure Love to that Nation in which I was born and bred. . . . I weigh not the ill language of those that mind earthly things, I wish them all the riches their hearts can desire, for they have all their wit already: 'tis comfortable enough for me, that I am beloved of the honest; my reward I expect hereafter in that place whereunto no earthly-minded nor selfish man shall come."

Almost the last words which this honest and loved physician wrote must have been the concluding portion of the preface to this book, for they are dated on the 30th December, 1653, and he died within the next month: "I shall not trouble the Reader further, being myself sick and weak, no way fit for study or writing. But now pleasing myself in viewing those things which were written in my health, with this delightful thought. I shall do good to my Countrymen; yea, them that are

yet unborn; for their healths (as well as the now living) have I lost my own. And could cheerfully (for the good of the English Nation) even cease to be."

I have been told that it was Osler who brought Nicholas to the notice of Rudyard Kipling. If so it is not the least of the debts which we owe to that fine spirit, that he led the modern to clothe again for us in the flesh the honest, grave and curious physician of the seventeenth century.

THE EVILS OF TONSILLAR REMAINS.

By BEDFORD RUSSELL, M.A.(Cantab.), F.R.C.S.



WHILE the evil effects of septic tonsils are becoming widely recognized, and more and more patients are very reasonably advised to have an operation for their removal, it is not perhaps realized by the majority of practitioners that there is a group of diseases arising from the results of operation upon these organs.

Since the year 1910 the Sluder method of removing the whole tonsil with its capsule by means of the guillotine has been extensively employed in this country, and in experienced hands it is productive of satisfactory results.

But the enthusiasm aroused by the results of this method, and a belief in its simplicity, has led to its employment at the hands of operators whose experience is insufficient to justify it. The method, used under proper conditions, is certainly convenient if it is employed on suitable cases; but these conditions must definitely be present, or more harm than good is likely to be done.

Causes of incomplete enucleations. To begin with, the question of anaesthesia is of prime importance. A good operator is powerless if the faucial muscles are contracting during the operation. The child must be completely under, and there must be no gagging or retching. Again, the question of illumination is often rather scamped. This is an operation that should not be attempted by touch, but must be conducted throughout under the guidance of vision. Thirdly, it should be known that there is a small percentage of cases, in which it is impossible to remove the tonsils by this method; impossible, at least, to remove them without damage to the neighbouring structures. Such cases may result from repeated quinzies, or other inflammatory processes which have led to the formation of scar-tissue. This anchors the tonsil in its bed, and hampers attempts at enucleation by rendering the faucial pillars inelastic. Some cases, again, are unsuitable by reason

of the shape of the mouth, or the disposition of the faucial pillars relative to the tonsil.

When the above conditions have been complied with, there is still, even in practised hands, a small percentage of incomplete enucleations. When a surgeon has to do from twelve to twenty cases in a morning, it is not an unknown occurrence for one or two to have a small portion of tonsil and capsule left *in situ*, and it is to these cases that I would draw attention, no less than to those in which the tonsils have been purposely "cut" rather than removed.

Clinical results.

At any throat clinic it is common to meet with a few cases per day of adolescents complaining of nasal obstruction, from running at the nose, and perhaps faucial discomfort, usually accompanied by a slight huskiness; and enquiries elicit the fact that the symptoms have been gradually increasing "*since the tonsils and adenoids were removed.*" Further question will confirm what is usually evident from the physical appearance—that the patient is never able to last well either at work or play, and there is usually a dark crescent under the eyes, such as one is accustomed to associate with fatigue. An examination of the fauces often shows a surprisingly large pair of tonsils, and the fact of a previous operation is indicated only by a faint whitish network of fibrous tissue against the pink background, the scarred surface being sometimes slightly concave. In other cases, the tonsillar fossæ will appear to be empty, but on pressure at the base of the anterior pillar it is possible to extrude from the region of the lower pole a scarred-up portion of tonsil, from which one may express thin pus. In practically every case, the upper cervical lymphatic glands—particularly that one which underlies the angle of the mandible—are palpable; and there may be a history of tenderness in these glands during colds.

There may be found, in addition to the signs already described, patients suffering from all the classical results of septic tonsils, often in an unusually marked degree. Every practitioner meets with numerous cases of young people who don't pick up well in spite of good feeding and changes of air, who always look a little sunken under the eyes, whose voices occasionally get husky, and of whom not a few will have little attacks of temperature—perhaps up to 99° or 100°—without obvious explanation; and it is often found that an examination of the tonsillar fossæ will provide a solution of the problem.

The reason for the signs and symptoms described above is to be sought in the fact that a layer of scar covers the raw surface left by the guillotine, and the contraction of the fibrous tissue tends to occlude the

mouths of the tonsillar crypts. The crypts become distended with dead cells, living and dead micro-organisms, etc., and there is thus provided an excellent medium for the maintenance of a septic focus.

The removal of scarred-up tonsillar remains calls for considerable patience on the part of the operator, because these remnants are usually more closely adherent than is the tonsil which has not been tampered with; and the only satisfactory method of dealing with them is by dissection under a general anæsthetic. This affords time for ligature of the vessels, which in this type of case seem rather prone to bleed.

I hope I have made it clear that in my opinion tonsillotomy (removal of *part* of the tonsil) is productive of far more harm than is caused even by leaving bad tonsils alone. The importance of these facts is rendered greater, because even to this day there are medical men who advocate partial removal.

Results of treatment.

The results of removal of these remains are excellent: the general symptoms, such as feverish attacks, tender glands in the neck, lassitude, pyrexial attacks, etc., are cleared up surprisingly quickly; but the nasal obstruction and running from the nose take much longer. Some improvement is noticed quite soon, but the time for complete disappearance seems to vary directly as the duration of the condition which gave rise to them. One is particularly struck with the rapidity with which a tickling cough with constant post-nasal mucus clears up in a child after removal of septic tonsillar remains, although these may consist of no more than one little discharging crypt.

If one is totally to avoid the risk of leaving portions of the tonsils, a short anæsthesia, such as gas or ethyl-chloride, is inadmissible. The operator must have time to stop the bleeding completely, and make a deliberate survey of the tonsil bed. Incidentally, this has the further advantage of greatly diminishing the amount of blood swallowed, with consequent lessening of post-operative vomiting.

NOTES ON GENERAL PRACTICE: AS SEEN BY A PHYSICIAN.

"A bove majori, discit arare minor."



HE lookers-on see most of the game, and so, perhaps, something may be fairly said about general practice by those who sit and wait close at hand.

Experience teaches, but the record of others may

assist those who are about to step out to face the bowling, and may prevent a bad stroke or erratic hitting when a googly ball is delivered.

These remarks are the impression of a round number of years in practice, and are for this reason mature, and probably represent an experience common to those who stand behind the front rank of the profession. Perhaps this essay may induce others to relate their observations, which would be of great value to one and all, and especially to those who are about to don the pads.

Some of the statements may be self-evident, or superfluous, but may be of use to a few, and on the whole endeavour to express the difficulties, not of diagnosis, but of a comprehension of human nature.

The two main essentials to success in practice are: (1) A good knowledge of the art; (2) a sympathetic understanding of the subject.

The first should be easy of attainment when the *alma mater* is Bart's. The second comes easily to some men *ex dono Dei*, but can be slowly acquired by the majority if pursued patiently and diligently. "Nil tam difficile est, quin quaerendo investigari possit." The broad view conferred by St. Bart's upon its alumni is of inestimable value in this connection, and the devoted and unobtrusive service of its Staff leaves an ineffaceable memory on the mind of its students. The only criticism of medical education I shall make is the inadequate instruction in minor ailments which could be systematically given by the casualty M.O.'s in the surgery. These cases form the bulk of the work in general practice, and a fresher is often measured by their management, for the opportunity of skill in acute or severe states may be delayed or infrequent in early days. It is generally inferred that if a man is careful in the day of small things, then he may be relied on at a time of grave or greater things.

The acute emergencies must be ever in mind for instant intervention. A time sense should be keenly cultivated from the commencement or delay in acute conditions may be serious.

To parody a famous phrase—there is a tide in the affairs of inflammation which if taken at the flood leads on to life (for the patient) and to fortune perhaps (for the physician). A routine method of examination once learnt and constantly practised is quickly performed, and nothing is more impressive and reassuring to the subjects of our art than a thorough general examination. Mistakes are generally made from insufficient examination and rarely from an erroneous conclusion deduced from full facts.

Always keep spare parts, such as the various outfits, exploring syringe, new needles, and inspect the contents of your toxicology bag regularly. Unless you

work with method and precision you may have to borrow a death certificate from a colleague, and this may be used in evidence against you.

Never omit to examine the urine, or unknown to you it may be taken to a chemist round the corner and a diagnosis suggested by the colour alone. "*Mundus vult decipi*," and the dispensers of our potions are often the agents of such deception. A diagnosis of movable right kidney was made by one after a few questions and a close inspection of the urine by transmitted light, and a reminder that the pain was on the left side promptly elicited the reply that it was "from sympathy." Unless the examination of the urine is a part of the routine, you may be suddenly summoned to your patient in a state of coma following, perhaps, a rather trivial operation. Never relax your standards and the moral of the following incident will be obvious.

The writer once saw a busy panel practitioner filling in a form for life-insurance after only listening to the chest in the vicinity of the watch-pocket with a phonendoscope, and who then remarked upon the great value of the instrument. One agreed that it was a d— fine instrument to ascertain the specific gravity of the urine. You may be obstructed in the ritual of a routine examination, as *e. g.*, a nervous or shy young woman who refused an examination of the abdomen, and an acute condition was unobserved, with disastrous results. A little firmness and tact alone were necessary, for the consultant who insisted on having his way found the condition.

Do not be persuaded under any circumstances to give in to the whims of a patient. If, after using your full powers of persuasion, the patient refuses, then you should threaten to retire from the case, which threat is often sufficient to convince the patient, and the relatives in particular, of the necessity for examination.

One may be permitted to remind the young practitioner of two regions of the abdomen which are apt to be overlooked, viz. the hypogastrium, and summit of the costal angle immediately below the xiphisternum. A swelling in the former region is sometimes due to causes other than a distended bladder, whereas the latter region often discloses the hard and thickened edge of an enlarged liver when this is not as yet obvious elsewhere, or when it is otherwise obscured by flatulent distension. Listen carefully to a patient's tale of woe, for thereby you may glean valuable information.

A child's throat should never be overlooked. Again, the general effects of a malady are far more easily seen by a practitioner, and cannot be estimated by a consultant at one visit. The general practitioner is in a favourable position to see the first appearances of the grey spectre, arterio-sclerosis, or to know the circum-

stances (*e. g.* mental strain) attendant on its approach, or again the early collapse of acute abdominal conditions.

It is vitally important to realize when a patient is acutely or gravely ill, as mistakes in this respect may be extremely unpleasant, *e. g.* a G.P. failed to estimate the gravity of a case of pneumonia and only called in a consultant when the patient was moribund, to the natural indignation of the relatives, who had earlier suggested a second opinion. Pneumonia is a common event, and often atypical, and in treatment do everything to conserve the patient's strength and avoid any unnecessary or prolonged examinations.

Keep a log-book and make your entries regularly, for your notes may be wanted in evidence some day, *e. g.* in a murder or compensation case, or when the validity of a will is contested, and you are called to say whether the deceased was *compos mentis* or not at the time, and it is salutary under such circumstances to be *au fait* with the subject of aphasia, or you may be discomfited under cross-examination. The memory is sometimes severely strained in a county court, as, *e. g.*, in a case of old injury, and brings forth unwanted comments from the judge.

The second part of this sketch is more difficult of description, and has been already illustrated in some of the preceding paragraphs. Do not be surprised or disappointed by anything, however extraordinary, from your patient, or more often from the relatives, and always bear in mind that illness is an anxiety which makes for unbalanced or abnormal behaviour.

"There's none so queer as folk," and no one is in a better position to appreciate the truth of this remark than the practitioner of medicine. You will often be hard put not to give them a return in kind, but "let your speech be alway with grace, seasoned with salt that ye may know how ye ought to answer every man."

Sometimes in a long and difficult case after you have done your best there is a loss of confidence, and more often on the part of the relatives, which is difficult to overcome. Should this happen and you discern the desire for a change of doctor, then retire gracefully after giving your successor the details, and wish him luck.

This is better than that you should receive a note of dismissal. You may be consoled with the certainty that, sooner or later, he will have to give way to another, or on another occasion the position will be reversed.

Do not change gear hastily, and when you do, move the lever lightly.

These and similar experiences should be relegated to what Kipling would term the "minor damnnalities of medical practice," and should be cheerfully accepted as such and forgotten.

Do all you can to establish a bond of friendship with

your professional colleagues, and face any misunderstanding promptly and squarely, and not the least entertaining side to an occasional meeting will be the antics and vagaries of the funniest of all the species, viz. your patients and their kin.

You will find all the best literature in full accord with your observation in this respect. Kipling, in a recent address to students, prescribes "Sanity, humour, and the sound heart which goes with a sense of proportion," and this counsel was never more needed than at the present time. Never lose the saving grace of humour, for whilst there is much that is tragic or sad there is more that is amusing.

Finally, "*Wisdom is the principal thing; therefore get wisdom and with all thy getting get understanding.*"

I. J. D.

APOPLEXY.

By W. H. M.

WAD we poet, novelist or journalist with us, as we plod our daily rounds, shrugging our shoulders by force of habit, what bitter irony, or what comedy, would not be pointed out! Sometimes we see it and sigh, but better that we disregard much that isn't essential.

Cerebral hæmorrhage—I use its sudden and dramatic onset as synonymous with apoplexy—is one of the most tragic terminations of life, or, at least, the *temporary recovery* from it is. That brilliant intellect, the once great athlete, the man of letters, the busy politician, the steady, apparently unreplaceable bread-winner, are laid low in mockery at their plans, just when they had attained what seemed worth living for. Death is, of course, inevitable, and sudden death enviable, but the miserable condition of recovery from cerebral hæmorrhage is a disaster.

We have steered through the threatening rocks of traumas, the infections, new growths, the troubles of enlarged prostate, and may be in sight of port without arthritis: we may be saying, "Soul, enjoy your leisure; you have worked hard, you can hardly expect physiological old age, but you would like not to live to be a nuisance."

Then strikes the clock: perhaps a bang is heard or felt, a sudden confusion of thought maybe—I have seen a look of surprise or curiosity on the face of the stricken, a sort of vague realization of some catastrophe. And if there be an awakening, it is an awakening to misery.

Let us pray that no kind friend succeed in bringing

us round. The only chance is to let the tree lie where it has fallen. It's a case of masterly inactivity, and I can remember, when called into consultation, I have been "sniffed" at because I said "Let him be." The cure is to do nothing, except don't disturb him. But, fortunately for the sufferer, this is not often possible. There are clamouring friends and anxious wife; the patient "must be got upstairs somehow" to the bedroom, from whence he will reissue in his coffin.

No one really recovers completely. The intellect is never so sound as it was, and even do we escape comparatively lightly, we may expect the summons at the door to be repeated with greater violence. So, kind friend, when my turn comes, have me taken upstairs, venesect, do lumbar puncture, compress my carotids, and purge me with calomel—fight against Nature! I have never seen aught but harm from any of these measures. I can't conceive how intravenous calcium or adrenalin or amyl nitrite can affect a big lesion—only people can recover despite us if the lesion be small. I should like a lot of things done to prevent my awakening, to possibly realize my wreck, to be called forsooth "Daddy" by some well-meaning nurse, who will insist on that bedpan I have fought over with others; perchance to be left in the hands of some valet who will surreptitiously pinch the aphasic old buffer, and steal my treasures; and, as I weep, to be reported as a bit emotional or light-headed.

Yet, I must speak only for myself. It is not for us to decide who shall be saved or who not. There may be much behind the scenes—a man may have wished to live till a certain time when Death Duties are invalid; he may not have made his will; there may be plenty of means of caring for him; he may be a valuable old ornament (worse luck for him), and it is arguable that he won't realize what has happened. I am certain, however, most people do understand, and can't properly express themselves as they wistfully watch. If recovery is important or desired, complete physiological restfulness and inactive yet active methods are essential; but if pity allow Euthanasia, then the obviously active and enterprising "scientific" plans afford the best prospect for that blessed state of non-existence.

I have learnt from my thirty years of general practice, how futile and annoying are the extreme or so-called ideal methods of preventing cerebral hæmorrhage. I, like my brethren, finding the usual signs of arterio-sclerosis, worry or amuse with the somewhat fallacious sphygmomanometer, think of purin-bodies, the dangers of common salt, remove the food and drinks my patient likes best, and insist on much that he abhors. Various nauseous medicines are to be swallowed, and needlessly we stop certain pleasant activities. I fancy most of us

disbelieve in half we advise, but we talk to satisfy friends and relations, lest some other man go the whole hog, and be deemed less slack, or because our patient has time and inclination for that valetudinarianism which we think really is worse than the evil it is supposed to obviate.

Moderation, nothing in excess, are the real watch-words. Study statistics of centenarians—some vegetarians, some heavy smokers, some big meat-eaters, some much addicted to alcohol. We know all sorts of patients who flourish in spite of our injunctions. As it happeneth to the fool, so it happeneth even to the wise man! Still, we must advise for comfort even if it be not for prolongation of life. A man in the late forties must understand his arteries are less adaptable, and must avoid sudden departures from his normal life, and in his declension apply the brakes in time. There is no need to be depressed over it (although there is the vicious circle of arterio-sclerosis, depression—depression, arterio-sclerosis), no more need than when cricket and football had to be forsaken. The chief dangerous things, such as tea, coffee, meats, alcohol, tobacco, exercise, business, must be or should be halved, and two daily meals suffice. I sometimes think the artificial teeth should be removed at meals lest too much be eaten, and the banquet again be indulged in! But if unhappiness result, let the poor chap be, and watch and be ready to step in. If discomforts ensue, he will listen. Happy is the man whose physician is also a pal, and one in whom the wife also has confidence. It's not a bit of good trying "glands" and rejuvenescence methods. We are meant to die, and our loss is very soon remedied. Our small part in life's drama is played; we might live on like a Strulbrug, only it's nice not to have recovery from apoplexy as passage to the Great Epilogue.

There are certain books making for that valuable equanimity which teaches us to shoulder-shrug and to suffer fools gladly or less impatiently, that impatience which is apt to produce angina pectoris or strain our cerebral vessels. Usually it's one or the other with arterio-sclerosis. Marcus Aurelius knows there's a Great Purpose or Fate in what may befall. Ecclesiastes tells us that all is vanity, and we are to make the best of things. There is the interesting debate of Evil in Job. If we can understand Horace and Omar, all the better, and I'm sure Thomas Hardy doesn't intend hopelessness. He helps us to that valued calmness and resignation, patience and charity and tolerance to all those in the same shipwreck, and under the same "necessity."

Of prodromas there are (*inter alia*) vertigo, faints, head-pains and transient weaknesses or "slight strokes," diplopia, and hæmorrhages.

Vertigo, when it persists in a man near 50, is always a source of anxiety. When we have treated the curable toxæmias (oral sepsis, tobacco, gout, post-influenza, uræmia), auditory nerve or nasal lesions, we are probably up against some hind brain-lesion, actual or threatening. Organic heart disease doesn't seem to produce vertigo. I am often called for an attack of tinnitus and vertigo by patients supposing they are on the verge of apoplexy. It's pleasant to reassure them, although I haven't yet met the aurist who helps much in these cases.

Faints.—This "faint," usually over on our arrival, may mislead a *locum*, who may inject strychnine or pituitrin! There is frequently sickness following it; a bystander may say he has been able to feel the pulse throughout. I suppose, like the transient hemiplegia or aphasia, they indicate some local alteration of blood-pressure in the brain. Senile epilepsy is worth remembering. This, at times, may be mere transient vertigo. And sometimes the "faint" means uræmia. One has to await a repetition before a complete diagnosis is possible.

The *transient hemiplegias* or *slight strokes* are very important as indications of what may happen. We are apt to leave such a case feeling a somewhat certain expectation that the patient will be worse at our next visit, but it may have all passed off, all due "to your wonderful medicine and promptitude, doctor!" Sometimes we find an unexpected hemianopsia, especially if there has been associated numbness or tingling on one side.

Diplopia, to me, is often very puzzling when conjugate movements seem normal and there is no squint. I remember being snubbed at a post-graduate course by my question whether such diplopia might not be an entirely cerebral event. Is the diplopia of tobacco excess (*e. g.*) always due to faulty conjugate ocular movements?

Head-pains.—Many people with threatening apoplexy or arterio-sclerosis give a history of migraine, and I have met with migraine and transient aphasia in quite young people. I find migraine happens with all varieties of blood-pressure. Charles Dickens seems to have had a lot of general neuralgia before his fatal stroke. A somewhat fascinating theory for some cases of migraine is that which supposes the lesion is due to an enlarged or unable-to-expand pituitary body. May not this hyperpituitarism in some cases lead to high blood-pressure and so to arterio-sclerosis, and explain the connection of the past to present condition? It's remarkable how in the life-history of some migraine cases one gets apoplexy-prodromas, faints, aphasias, blinding dull headaches, weakness or numbness, or both on one side, vertigo, diplopia. The dull heavy morning headache and yawning are in my experience symptoms causing anxiety and need thorough investigation.

Hæmorrhages.—The text-books don't exaggerate in pointing out the significance of epistaxis. I let them bleed, and if I am bothered too much I know I shall find the septal ulcer in 99 per cent., and so control my case! I attach no importance to the subconjunctival hæmorrhage. A retinal hæmorrhage is ominous in an eye previously healthy. Piles are very apt to bleed in these arterio-sclerosis cases, and one has to be a bit firm in not agreeing to operation. A large number of uterine fibroids are associated with arterio-sclerosis. It's remarkable how many "fibroid cases" refuse operation with impunity!

So I could write indefinitely, but I suspect without advantage to readers. If space be allotted to me on another occasion, I will narrate a few cases exemplifying this essay, for essay this must be regarded rather than a serious contribution. I shall be thankful if it interest, or arouse criticism.

"From Marlborough's eyes the tears of dotage flow,
And Swift expires a driveller and a show."

THE EIGHTH OLYMPIAD.

IT has been requested of me that I should endeavour to write something about the Eighth Olympiad. Before I take this plunge into print may I explain that the following statements are only a laboured attempt to give you the less sentimental impressions of a mere athlete.

There are certain sights which will ever be fresh in our memories, and which are ill-described when it comes to putting them into words. This is so with me as I sit down and try to describe the Olympic Games of 1924.

The departure.—On July 2nd at 10 a.m., the Continental Departure Platform at Victoria witnessed a scene of hilarity. Some twenty-five staid and elderly gentlemen (officials of the A.A.A.) were endeavouring to extricate seventy undisciplined youths from a *melée* of luggage and press photographers.

With a few exceptions the journey to Paris was uneventful. Perhaps the most tragic sight that I have ever witnessed on a channel crossing was that of a gentleman of considerable half-miling fame and one renowned for his Bond Street summer suitings, lying on the deck in a paralytic state, fully clad in his latest sartorial creation, and with the elements drenching him mercilessly. He refused to move or be comforted lest —!

On arriving at the Gare du Nord we were met by Earl Cadogan, General Kentish, the British Ambassador, and many other celebrities. Formal salutations were exchanged, and we proceeded to the Hotel Moderne in the Place de la République, where the Hungarian team was also housed.

I have yet to find a noisier spot than the Place de la République. In the night hours I longed to find an assassin who, for a modest 100 francs, would scalp a French taxi-driver for me. Why do the French like shrill-pitched motor horns?

The following morning we were paraded in our Olympic uniforms and taken out to the Stadium at Colombes to see the track and to "limber up."

To be driven seven or eight miles over cobbled streets and rough roads is not conducive to that state of physical and nervous perfection so necessary before an athletic contest. Fortunately this was recognized by the authorities, and every effort made to provide a smooth passage for those competing each afternoon.

The Stadium.—The Arena is oval in shape, the green grass in the centre contrasting vividly with the red track and the white concrete stands, with their blue and gold-coloured iron framework. Beneath the Grandstand there are some thirty dressing-rooms, showers and bathrooms, connected by a long concrete corridor. From this corridor a subterranean tunnel labelled "Entrée de la Piste" leads into the centre of the arena.

The opening of the Games.—At 10 a.m. on July 5th a most impressive service was given to the athletes of all nations in Notre Dame. At 3 p.m. the Stadium was packed for the official opening of the games and the march-past of the athletes.

The day was perfect—a blazing sun in an azure sky.

An overture was sung by choirs of male voices. Then followed a deathly silence, broken a few minutes later by the sound of massed bands, the Marathon Gate was opened, and to the crashing of cymbals and the rolling of drums the South African team entered the Stadium, heading the parade. Those of us who had the good fortune to watch this spectacle will never again see anything to equal it in its splendour. Not even the most phlegmatic of us could fail to be thrilled at the sight of the wiriest and lithest bodies of the athletes of forty-five nations, clad each in their respective national uniforms, and marching with heads erect behind their flag-bearers.

Cheer after cheer went up as each column entered the Stadium, and, marching round the track, dipped its flag and saluted at the President's box.

The Americans formed the largest detachment, being some 350 strong. Haiti and China were the smallest, and were represented by one standard bearer, one flag bearer and one rank and file. The national uniforms were splendid. The French deserve special mention for their smartness, and next to them the Turks, with uniforms of green sweater coats, white flannel trousers and crimson fezes.

The demeanour of each nation was interesting to

watch—the French with their characteristic alertness and vivacity; the Americans with their air of self-assurance; the Italians always demonstrative and emotional; and the stolid Britisher, displaying a calmness and a resoluteness of purpose in the face of odds.

When each nation had marched past and taken up its post in the centre of the ground facing the Presidential box, the flag-bearers advanced and formed a semicircle around André (France), the chosen athlete, who, with his right forearm extended forwards and upwards, took the Olympic oath in these words: "Nous jurons, que nous nous présentons aux Jeux Olympiques en concurrents loyaux, respectueux des règlements qui les régissent et désireux d'y participer dans un esprit chevaleresque pour l'honneur de nos pays et la gloire du sport." This oration was followed by a salvo of artillery and forty-five baskets full of pigeons were released.

The massed bands struck up "La Marche Heroique" and the teams marched out of the Stadium.

The Games.—As the newspapers have published full accounts of the races and field events I will not repeat the descriptions of those struggles here. Instead may I attempt to give a brief account of what an athlete endures? It would need an Edgar Allan Poe to do justice to the description of those specific sensations experienced prior to any athletic event. Personally I know of no worse ordeal than lying full length in a partially denuded state on a massage table previous to an Olympic race.

There is an atmosphere of tension in the changing-room; the manager and captain are whispering into your ear those last few words of advice while a burly masseur is kneading your biceps femoris. The air is richly perfumed with the aroma of rubbing-oils, and some cheery fellow remarks that it will all be over in half an hour.

One lapses into a reverie, only to be awakened rudely by the sharp crack of a pistol-shot fired from outside. It is only the start of another race, and you express a desire to be one of those poor devils who have nearly got it over. Once more you return to your day-dreams, only to be painfully disturbed by a maniac dashing down the corridor outside and bawling "Huit-cent metres." How one loathed that man!

Somebody, kindly intentioned, thrusts a wet sponge into your face. Feverishly you collect your gear, and inserting your upper incisors into your lower lip, you advance to the fray. The journey by way of the subterranean passage affords one a strange mingling of weird sensations. The earthy smell of this haunt is so comforting as one ponders on what is to be seen on ascending that last flight of stone steps leading up to the arena.

Suddenly you emerge into a blaze of sunlight, and, if

you are a favourite, a roar of applause goes up, making you feel more unsteady than before.

On reaching the starting-post a few awful minutes are spent in "limbering up"; "warm up" suits are discarded and you face the starter. A brief dissertation is given in three or four languages to the effect that the race must be a fair one, with no jostling or obstruction, etc. Places are drawn for; you seize a trowel and automatically dig yourself in.

The starter lines the men up two paces behind their "marks." There is a dreadful hush all round the Stadium then the starter's command, "A vos marque"; you all step boldly forward and place your feet in the holes. Then "Preparez-vous," and you are conscious of straining muscles and a bursting head, there is a sharp crack of a pistol-shot and the final agony has begun.

Mere words could not describe one's thoughts in a race. They seem to be desperately rapid, ranging between the technicalities of the race itself and mere trivialities.

After the first wild rush there is a pause, while everybody is endeavouring to store energy for that last effort; then the bell rings out for the final lap. You speculate as to who will start the final sprint first, and as to how far you can make your own final effort from, etc.

Ere a few seconds have elapsed you are in the midst of a neck-and-neck struggle down the home straight. Forms begin to sway, men groan under the exertion, the "tape" seems to recede into the distance, the spectators' voices become less audible, one's eyes are blurred, and then all is over.

A few breathless men stand or lie about in varying attitudes of physical fatigue, feeling that where every man has done his best there are no victorious and no vanquished. The loud-speaker proclaims that the Olympic ceremony for that event is about to take place, and the massed bands play the national anthem of the victorious country. At the north end of the Stadium the flags of the nations who have gained first, second and third places are slowly hoisted and float languidly in the breeze.

It is an impressive sight to see thousands of men and women of various nationalities bare-headed and standing to attention, paying solemn respect to the victorious nation.

Last impressions.—This article would not be complete unless something was said about the victorious American team. Cleaner and better sportsmen one could not hope to meet; they played the game hard and well, and were splendid losers. Perhaps the truest test of a good sportsman is the manner in which he takes his losses. Paddock (the American sprinter who was first in the 100 metres at Antwerp in 1920 and eighth in 1924), on being

asked where he finished in the final, remarked, "Waal, I guess I was so far behind the judges couldn't see me!"

After the final of the 800 metres I was drinking *chocolat* with one of the American finalists in that event and he had been even more soundly beaten than myself. After a brief discourse on the discomforts of running 800 metres, he leant back in his chair, tilted his summer hatting on to the back of his head, and with his thumbs stuck firmly into his axillæ drawled out in cheerful tones, "So this is Paris," and we laughed together.

One could not help admiring his spirit, for here was a man who, like many others, had worked hard and staked his all on less than two minutes' running and had lost cheerfully.

Conclusion.—As we stood on the boat bound for England and watched the French coast disappearing over the horizon, one thought occupied our minds, and that was—where the youth and sportsmen of the world are gathered together all is well.

Who knows but that a league of sportsmen might one day divert a world-war?

Since the termination of the Stadium events things have occurred of which sportsmen are ashamed—to wit the boxing and fencing fiascos. Through the columns of the daily press misguided persons are advocating the abolition of the Olympic Games. I wish some of these creatures had worn a spiked shoe at Colombes; they would have found nothing but good feeling between the nations. Such a thing as petty national jealousies never existed. Great Britain has benefited by competing against other nations, and they, too, have been the richer for competing against us. H. B. S.

FURTHER ANÆSTHETIC APHORISMS.

[Stimulated by the "Anæsthetic Aphorisms" of the June issue, another correspondent sends us the following.]

1. When anæsthetizing a long series of cases, if the surgeon says that one patient is straining, it is probably your fault; if he says that they are *all* straining, it is probably his—but on no account say so.
2. Do not use ethylene-oxygen or acetylene-oxygen for anæsthetizing patients on whom diathermy of the tongue is to be performed. The reason will be obvious to those standing at a distance of over 20 feet. To those closer, nothing will be obvious for some time.
3. Never argue about the colour of a patient. It is well known that some of our most eminent surgeons

are colour-blind, and have the greatest difficulty in distinguishing between pink and black.

4. When using the "endo-tracheal" method of anæsthesia, the forcible expulsion of poached eggs through the nose usually indicates that the catheter is not in the trachea.

5. If the surgeon or his assistant persists in leaning on a patient's chest, the simplest way out of the difficulty is to direct a steady stream of chloroform from a drop bottle on to his elbow. To those who have not experienced it, the resulting irritation is almost incredible.

6. Do not run your motor cycle on hospital A.C.E. The chlorine in the exhaust will bleach your trousers.

7. Too many pokes spoil the cornea.

8. Take care of the airway, and inquests will take care of themselves.

9. A false tooth in the hand is worth two in the larynx.

DOUBLE ACROSTIC NO. 6.



E print the sixth and last acrostic with its solution.

Containing multinuclear cells
And reminiscent of egg-shells.

1. An appropriate name has this complaint,
Since through lips half-closed come mummings faint.
2. 'Tis the smallest fluke that's found in man;
They named the little beast in Japan.
3. This organ's function you may see
By putting an "h" before an "e."
4. If half thy foot offend thee,
Who better aid could lend thee?
5. No patients with knock-knee?
Then you will not need me.
6. There are holes in this sheath;
Dead fragments lie beneath.
7. "Hic," says the reveller, "two moons there be—
Alarming thing for a man to see!"

SOLUTION.

1.	M	ump	S
2.	Y	okagaw	A
3.	E	a	R
4.	L	isfran	C
5.	O	steot	Ome
6.	I	nvolucru	M
7.	D	iplopi	A

"ASEPSO" SOAP.

This soap, which is of a pleasing light green colour, lathers well, and the amount of antiseptic in it, although effective, does not in any way roughen the hands. It should be of considerable use in those instances where there is liability to infection from patients or materials. The price is such that it can be used without stint.

STUDENTS' UNION.

CRICKET.

Saturday, June 21st, v. R.A.M.C. Bart.'s, 214; R.A.M.C. 171 for 9—drawn. Bart.'s won the toss, and were largely indebted to A. E. Parkes (69) and J. Parrish (29) for the total of 214. These two put on 58 runs for the fifth wicket. For the R.A.M.C., Sgt. Quelch made a very good 70 before being caught and bowled. Although the first, second and third wickets all fell at the same total of 27, the later batsmen did better, and were able to play out time with one wicket to spare, thus leaving the game drawn. Cooper took 4 for 68.

Thursday, June 26th, v. St. Albans. Bart.'s, 179; St. Albans, 184 for 6—lost. This very enjoyable match was played at St. Albans and lost by 4 wickets, though five of the regular team were unable to turn out for Bart.'s. A. E. Parkes again did well with 54, helping G. C. Woods-Brown (33) to add 42 for the third wicket, and A. B. Cooper (21) to add 40 for the fourth wicket. Later H. W. Guinness hit hard for 28, and the innings closed for 179. Hosier and Bland put on 69 for the first wicket when St. Albans went in, and after this the home side never looked like losing, out total being passed for the loss of 6 wickets.

Saturday, June 28th, v. St. Albans.—Bart.'s, 243 for 6; St. Albans, 121—won. Although only five of the regular team were playing for Bart.'s, this, the return match against St. Albans, was decisively won almost entirely on account of the brilliant innings of 132 by R. H. Bettington, who remained unbeaten when the innings was declared. His hits included one 6 and fifteen 4's, and he helped himself to 24 runs off one over from Rabone. M. G. Fitzgerald was not out with 42, which included 8 fours, and he helped Bettington to add 89 runs in about half an hour. After a good beginning St. Albans collapsed and were all out for 121 (R. H. Bettington 6 for 50). Dumbledon (35), Leddon (31) and Barnes (21) were the highest scorers.

Saturday, July 5th, v. Finchley.—Bart.'s, 135; Finchley, 86—won. This match, played at Finchley, was a low-scoring match, and resulted in another win for Bart.'s, Finchley again failing to reach three figures. R. H. Bettington with 41 and J. Parrish with 26 made runs for Bart.'s, but Finchley could do little against the bowling of the former, who took 7 for 46. This was the seventh consecutive time G. C. Woods-Brown had won the toss.

Wednesday, July 9th, v. R.A.F. (Uxbridge).—Bart.'s, 142 for 9; R.A.F., 247—drawn. Played at Uxbridge, this match was drawn, greatly in favour of the home side. Flying-Officer Essex and Martelli made 67 and 63 respectively, and with Flying-Officer Hobbs (31) were most successful with the bat for the Air Force. K. W. Mackie was the highest scorer for Bart.'s with 47, and A. Carnegie-Brown made 24. Bart.'s just managed to make a draw of it, Guinness and Guilfoyle playing out time.

Saturday, July 12th, v. R.A.M.C.—Bart.'s, 237 for 7 (dec.); R.A.M.C., 238 for 4—lost. This was a very interesting and high-scoring match. A. Carnegie-Brown won the toss, and A. B. Cooper and A. E. Parkes put on 43 before they were separated. The former went on to score a very good 83 and A. Carnegie-Brown made another hard-hit 50, scoring 3 sixes and 5 fours in his 59. Hodgkinson played well for 22. In the light of what happened later Carnegie-Brown declared too soon, since R.A.M.C. went all out for the runs and obtained them for the loss of only four wickets. Sgt. Quelch again distinguished himself by making 59, and Lt. Davey was unbeaten with 76.

CORRESPONDENCE.

THE UNIVERSITY OF LONDON UNION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—I notice in last month's JOURNAL that a report of the doings of the University of London Union is included in the column headed "Students' Union." This column is intended for reports of the activities of the various clubs of the Students' Union of this Hospital, and as the University of London Union is in no way connected with our own Union, the mistake is obvious. One does not wish, however, to quarrel with what is evidently a small error of classification. It provides a suitable opportunity, nevertheless, for stating a few facts which are not, as they should be, generally known. When the idea of forming a University of London Union was first made known, just over a year ago, the Council of our Students' Union was

approached with a view to sending representatives to a meeting to discuss and report on the scheme. This was done, a report was submitted to the Council, and the whole question thoroughly considered. The result was that the Council was quite definitely of the opinion that the formation of a University of London Union, on the lines suggested, could have little or no interest to the students of this or other hospitals, who have their own Unions, their own University Clubs, and their own United Hospitals Clubs. It was further thought that to ask students to pay a subscription, however small, to such an institution, was as unnecessary as it was likely to be unsuccessful.

These were the main lines on which the Council decided to give no support to the formation of this Union.

Since then the University of London Union has come into existence, and one or two members of this Hospital hold official positions therein. I have thought it desirable, therefore, that newcomers and others in this Hospital should know a little of the past history of the situation, so that they may know the attitude of their own Union to the body in question, and so that they may perhaps be guided when they are trying to decide whether to join or not.

I am, Sir, etc.,

W. HOLDSWORTH,

Vice-President, Students' Union.

St. Bart.'s Hospital.

[We have no doubt that the Bart.'s men holding official positions in the University Union will wish to reply to this letter, but at present they are away on holiday.—ED., St. B. H. J.]

WHITE COATS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—May I enter a brief protest against the practice of coming down for meals in the restaurant in a white coat? In a newly-fledged and thoughtless dresser this should be a lightly punishable offence; in a house-surgeon—and house-surgeons are by no means blameless—it is inexcusable, and the recent spectacle of a distinguished member of the Senior Staff so attired during tea was too astonishing to pass without comment.

The purpose of a white coat is not to proclaim to the world its owner's accession to responsible office. It is intended for protecting its wearer against dirt, blood, and other offensive or dangerous material which he may encounter in the course of his work, and as such it is a garment which has no place in a room where people take their meals.

May I at the same time refer to the disgusting but not uncommon practice of wiping unwashed hands on post-mortem room towels after handling specimens? In a laboratory our lives are literally in the hands of our fellows, and no amount of washing is a safeguard when the only available towels are smeared with (possibly infected) blood.

I enclose my card, and remain Sir,

Your obedient servant,

G. P. L.

July 22nd, 1924.

TRANSFUSION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—I wish to bring to general notice the question of blood transfusion, with especial relation to three points—grouping serum, apparatus, and donors.

At present there is no active provision made for a constant supply of stock Group II and Group III serum. Chief assistants—who generally do the transfusions—may or may not have a supply of their own, won by silver from the veins of "Lab." boys. In an emergency there is a reasonable chance that the possessors of such serum may not be in the precincts of the Hospital.

The same principle holds good for apparatus, which is also—if available at all—privately owned. The remedy here lies in the hands of the physician or surgeon, who could sign to have it provided for his wards.

The question of donors is the most serious one. Their supply is entirely dependent upon the fortuitous presence of some hypothetical relative, or upon the generous motives of some reasonably plethoric student.

A constant supply of potential donors should be available. The small number of transfusions done means that this at £5 a time would not be a matter of serious expense to the Hospital.

Donors could be found among porters, among the general public

or even among students, as at Guy's and at many American Universities.

With the highest motives in the world it is unreasonable to trade upon the generosity of men whose work brings them into daily contact with infection of all kinds.

I should like therefore to suggest to those responsible :

- (1) That stock grouping serum be kept.
- (2) That each firm should possess a transfusion apparatus (cost 35s.).
- (3) That an official list of donors be compiled, and available to house-physicians.

I am, Sir,
Yours sincerely,
G. B.

REVIEWS.

A PRACTICAL HANDBOOK OF DISEASES OF THE EAR. By (Sir) WILLIAM MILLIGAN, M.D., and WYATT WINGRAVE, M.D. (Wm. Heinemann (Medical Books), Ltd.) Pp. 191. Price 12s. 6d. net.

This small handbook of Diseases of the Ear is intended by the authors for the senior student of medicine, and for those who intend taking up appointments where knowledge of the essentials of otology is required.

In the arrangement of the book the authors have followed closely the lines of their larger work on the same subject, and in so doing have, we think, made a mistake. They have produced a book which, although containing many good and valuable chapters, is badly balanced, and is too much the classical type of text-book, and too little the practical handbook, which from the title, we understand, they intended it to be. For example, whereas 56 pages are devoted to diseases of the auricle and external auditory meatus, chronic suppurative otitis media (non-tuberculous), which forms the vast bulk of otological practice, has been allotted only four pages, and its complications only 35 pages.

The earlier part of the book, especially the chapters on examination of the ear and foreign bodies in the external auditory meatus, is excellent, but in the later parts, in the chapters on mastoiditis and the cerebral complications of otitis media, one looks in vain for some indications of the difficulties of differential diagnosis and for guidance as to how these difficulties may be surmounted.

The last chapter is devoted to formulae, and contains 4 pages on pathological methods with reference to otology. The latter section of this chapter would have been better omitted, as it is too short to be of value and contains not a few misleading statements.

COMMON INFECTIONS OF THE FEMALE URETHRA AND CERVIX. By FRANK KIDD and A. MALCOLM SIMPSON. (Oxford University Press.) 183 pages. Price 7s. 6d.

Here is concisely set out the experience of a man whose pioneer work at the London Hospital has helped to revolutionize the treatment of female gonorrhoea. This book in its teaching closely concurs with that in practice at the Golden Lane Centre. It is warmly recommended to the notice of our readers, especially as Mr. Frank Kidd points out that much in it is within the scope of the general practitioner.

At the outset he wisely insists on the absolute necessity of lithotomy "sight" examination with a Brewer's self-retaining speculum. The Sims position—"that curse of gynæcology in England"—must be abandoned. A clear scheme is set out for case-taking, examination and routine treatment.

"Infected tubes are not an inherent danger of gonorrhoea; they are the natural consequences of its neglect." In their plea "to save the tubes," the authors show that the closed os internum forms a barrier against the upward spread of infection. Hence rest in bed and cessation of cervical treatment must be the rule during a period, and every effort must be made to cure the condition before labour ensues. With early treatment Mr. Kidd has reduced the incidence of salpingitis to 5 per cent. of all cases.

Dr. Hobbs's method of washing out the uterus with glycerine and iodine for acute endometritis is described and recommended. Treatment of the cervix by diathermy is dismissed shortly and would seem to merit a warmer mention than it receives.

There is an excellent chapter on arthritis. Its treatment must be local, both of the cervix and the urethra; salicylates have no effect,

and vaccines are useless. Vaccine therapy in gonorrhoea is not needed, and its results are viewed with pessimism. Ophthalmia neonatorum is fully and well dealt with, and there is a good section devoted to the bacteriology of gonorrhoea. The complement-fixation test is briefly mentioned; it must not replace bacteriological tests as a criterion of cure. The question of prophylaxis is honestly thrashed out and constructive suggestions are put forward.

Finally there is an analysis of 650 consecutive cases. This threatens to be dull reading, but is not so, for here, as throughout, a good scientific work is tempered with a sense of humour. The book is illustrated and has two coloured plates.

BIRTHS.

BOWES.—On June 27th, at 3, De Vaux Place, Salisbury, to Dorothea, the wife of Gerald K. Bowes, M.D., M.R.C.P.—a son.

CANE.—On July 14th, at St. Luke's, Jersey, to Enid (*née* Maret Tims), wife of Major A. S. Cane, D.S.O., O.B.E., R.A.M.C.—a daughter.

GRANT.—On June 27th, at York, the wife of Major M. F. Grant, R.A.M.C.—a daughter.

GRIFFITH.—On July 16th, at Roydon, Asheldon Road, Torquay, to Helena and Harold Kinder Griffith, F.R.C.S.—a daughter.

HOGGEN.—On July 11th, at Brand House, Ludlow, to Dr. and Mrs. G. Hamilton Hogben—a son.

NICOL.—On June 5th, at 34, Nottingham Place, W., to Norah (*née* Mayberry), the wife of W. D. Nicol—a daughter.

VAILE.—On July 2nd, at 7, Albert Mansions, Northumberland Street, W. 1, to Dr. and Mrs. T. B. Vaile—a son.

VERNEY.—On June 27th, at 28, Clifton Avenue, Church End, Finchley, to Ruth Eden (*née* Conway), the wife of E. Basil Verney—a son.

MARRIAGES.

ASHBY—RIES.—On July 3rd, at St. John's Church, Harrow, by the Rev. Thomas Smith, Cyril Francis Ashby, M.R.C.S., L.R.C.P., only son of Mr. and Mrs. F. W. Ashby, of Ivy House, Roade, to Kathleen Paula, only daughter of Mr. and Mrs. L. J. Ries, of Tremorna, Kenton.

CHAPMAN—GODDARD.—On July 3rd, at Ringwould, Kent, Edward Chapman, M.A., M.B.(Oxon.), of 1, Broad Street, Wokingham, Berks, to Margaret Elizabeth Beatrice Goddard, daughter of Mrs. and the late Mr. A. E. Goddard, of Kingsdown, Deal.

LANGTON—HODDING.—On July 17th, at St. Joseph's, Highgate, Edward Athol Clarence Langton, of Imwari, Uganda, and of 61, Dyke Road, Brighton, to Muriel Carr Hodding, second daughter of the late Mr. W. H. Hodding, of Torquay.

ROSS—TOWNSEND.—On July 5th, at St. Bartholomew-the-Great, London, James Paterson Ross, F.R.C.S., to Marjorie Burton, younger daughter of Capt. F. W. Townsend, Botley, Hants.

SATOW—NEILSON.—On July 16th, in the Cathedral, Westminster, by the Right Rev. Monsignor Canon Howlett, D.D., Lawrence Lancaster Satow, M.C., M.R.C.S., etc., of Filkins, Oxon., youngest son of Mr. and Mrs. Charles Satow, of Twinstead, Suffolk, to Margaret de Vercherès, younger daughter of Mr. and Mrs. Norman R. Neilson, of Neilsonville, in the province of Quebec, Canada.

DEATH.

PIDCOCK.—On July 16th, 1924, at a nursing home, George Douglas Pidcock, M.A., M.D., M.R.C.P., etc., of Hampstead, aged 72.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.